PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000069406 DOCUMENT #

1. Corporation Name

KIMMINS CORP.

Principal Place of Business

SIGNATURE:

1501 2ND AVE' É

Mailing Address

1501 2ND AVE E

FILED 00 OCT 24 AM II: 19

SECRETARY OF STATE TALLAHASSEE FLORIDA

TAMPA FL 2007 33605 TAMPA FL 39997 33605 TATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 08/04/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State *59-3598343* Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors TAMPA FL 83607 3360.5 WILLIAMS, JOSEPH M 1501 2ND AVE E X5T Tampa, FL 33605 Finn, R. Donald 1501 Second Ave. E Gold, Michael Tampa, FL 33605 1501 Second Ave. E 1501 Second Ave. E Tampa, FL 33605 Williams, Francis M. DP 400003459344---8 -11/09/00--01038--015 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name WILLIAMS, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 1501 2ND AVE E Suite, Apt. #, Etc. TAMPA FL 33607 33605 Zip Code City State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 r. F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00 (8/3)248-3878